



Tuberculosis (TB) Guidance for Hurricane Katrina Workers and Evacuees: Recommendations for Tuberculin Skin Testing at Evacuation Centers

The following recommendations are meant for Hurricane Katrina evacuation centers that do not have existing tuberculosis (TB) screening policies and procedures; the following recommendations are not meant to supercede established protocols. It is always advisable for an evacuation center to consult with the local or state TB control program when implementing or modifying a TB screening protocol.

CDC's Division of Tuberculosis Elimination (DTBE) does not recommend tuberculin skin testing to screen asymptomatic persons now in evacuation centers or other congregate settings, unless they have been exposed to a patient with infectious TB.

The rationale against broad-based tuberculin skin test (TST) screening goes well beyond a discussion of limited public health resources available to deal with a major disaster. The low positive predictive value of positive TST results in low TB prevalence settings is likely to generate confusion and uncover false positive results. Tuberculin skin testing should be reserved for individuals exposed to a patient with suspected or confirmed infectious TB, as part of a contact investigation. Such contact investigations should be conducted by or in conjunction with the local or state TB control program. Tuberculin skin testing should also be used as an adjunct to other diagnostic tests (e.g., chest radiography, microbiologic testing of sputum samples) for persons suspected of having TB disease.

The focus of TB screening in evacuation centers should be to detect persons with TB disease. The intake medical screening should include questions about any history of TB diagnosis or treatment and possible signs and symptoms of TB disease. DTBE has worked with the National Tuberculosis Controllers Association (NTCA) to develop a tool entitled [*Tuberculosis \(TB\) Guidance for Hurricane Katrina Workers and Evacuees: Finding Persons in Your Evacuation Center Who May Have TB*](#), aimed at identifying persons who have symptoms of TB disease. These symptomatic persons require immediate medical evaluation. Evaluation typically includes taking a chest x-ray and collecting sputum. If the evaluating physician determines the symptomatic person is a TB suspect or there is any difficulty in obtaining a medical evaluation, contact the [state or local health department](#) about this person immediately. If you are unsuccessful in reaching the state or local TB program, please contact Gail Burns-Grant at 404-639-8336. If the person is determined to be a TB suspect, he or she should be placed in airborne infection isolation until either a diagnosis of TB disease has been excluded or the patient has been determined to be noninfectious.

DTBE does not recommend tuberculin skin testing of emergency response healthcare workers (HCWs) and volunteers, unless they have been exposed to persons with infectious TB.

HCWs and volunteers usually come from groups already receiving baseline and periodic TSTs. Even if the HCW or volunteer has not had a recent TST, it is generally not necessary to routinely repeat the TST upon starting work at a shelter.

As with evacuees, a TST should be done when the HCW or volunteer has been exposed to a patient with suspected or confirmed TB disease. The disaster response activities do provide an educational opportunity to remind these workers and volunteers to "Think TB" and underscore the importance of keeping their TST records up to date (i.e., they should resume their routine periodic tuberculin skin testing according to their employer's regular schedule following disaster relief efforts).

For more information, visit www.bt.cdc.gov/disasters
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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